

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90073 041 ***150.00

0533394 AV

DOCUMENT # H95611

1. Entity Name

CITRUS PINES, INC.

Principal Place of Business

**2403 SE 17TH ST #101
 Ocala FL 34471
 US**

Mailing Address

**2403 SE 17TH ST #101
 Ocala FL 34471
 US**

00050600



2. Principal Place of Business

2437 SE 17TH ST

3. Mailing Address

2437 SE 17TH ST

Suite, Apt. #, etc.

SUITE 102

Suite, Apt. #, etc.

SUITE 102

City & State

OCALA, FL

City & State

OCALA, FL

4. FEI Number

59-2835299

Applied For

Not Applicable

Zip

34471

Country

US

Zip

34471

Country

US

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**HILLS, RONALD D
 2403 SE 17TH ST #101
 Ocala FL 34471**

7. Name and Address of New Registered Agent

Name

RONALD HILLS

Street Address (P.O. Box Number is Not Acceptable)

2437 SE 17TH ST

SUITE 102

City

OCALA

FL

Zip Code

34471

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-23-02

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE: **PSD** ☐ Delete
 NAME: **HILLS, RONALD D SR.**
 STREET ADDRESS: **2403 SE 17TH ST #101**
 CITY-ST-ZIP: **OCALA FL**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: **HILLS, RONALD D. SR.** ☐ Change ☐ Addition
 NAME: **HILLS, RONALD D. SR.**
 STREET ADDRESS: **2437 SE 17TH ST SUITE 102**
 CITY-ST-ZIP: **OCALA, FL 34471**

TITLE: ☐ Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
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 CITY-ST-ZIP:

TITLE: ☐ Delete
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 CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 689, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowerments.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**2/24/02 352
 351-3611**

CR20034 (9/01)